PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/641,376				
FEE TRANSMITTAL			Filing Date		August 14, 2003			
For FY 2008			First Named In		Michael S. H. Chu			
				Examiner Name S. Gilbert				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3735				
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Docke	Attorney Docket No. MIY-P01-027					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILII	NG, SEARCH, AND E							
	FILING FEES SE. Small Entity		EARCH FEES Small Entity			NATION FEES Small Entity		
Application 1	Type <u>Fee (</u> \$			Fee (\$)		Fees Paid (\$)		
Utility	310	155 51	0 255	210	105			
Design	210			130	65			
Plant	210			160	80			
Reissue	310			620	310			
Provisional 210 105 0		0 0	0	0				
2. EXCESS CLAIM FEES Small Entity Foo (5)							mall Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)  50						25		
				210	105			
and marportal control (market grant							185	
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	Paid (\$) Multiple Depende				
Total Claims Extra Claims Fee (\$) Fee F		7 4.4 (4)	Fee (\$)		Fee Paid (\$)			
HP = highest nui	mber of total claims paid for						.	
Indep. Claims			Paid (\$)					
- 3 = X = HP = highest number of Independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x							aid (\$)	
4. OTHER FEE(S)  Fees Paid (\$)						aid (\$)		
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
SUBMITTED BY A A A A								
Signature	led Abula		Registration No. (Attorney/Agent)	57,415	Telephone	(617) 951-7282		
Name (Print/Type) Carl A. Morales, Ph.D.			•		Date	January 4	2008	
	_							
<del></del>								

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.
Dated: 14108 Signature was traine (Cindyanne Holmes)
Dated:



Application No. (if known): 10/641,376

PTO/SB/92 (04-07) Approved for use through 09/30/2007. OMB 0651-0031

Attorney Docket No.: MIY-P01-027

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on January 4, 2008

Date

Cindyanne Holmes

Typed or printed name of person signing Certificate

Registration Number, if applicable

(212) 596-9000 Telephone Number

Note:

Each paper must have its own certificate of mailing, or this certificate must identify each

submitted paper.

RCE Transmittal (1 page, in duplicate; total: 2 pages) Fee Transmittal (1 page, in duplicate; total: 2 pages)

Supplmental Information Disclosure Statement (2 pages, in duplicate; total: 4 pgs.)

PTO Form SB/08 (18 pages) (151 references) Copy of references BH-ES and CK1-ES1

Authorization to charge \$810.00 to deposit account no. 18-1845

Return Receipt Postcard

This Certificate of Mailing under 37 CFR 1.8